

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

125

Township

Cape

Primary Registration District No.

3009

City

Cape Girardeau (No. 349 to Spanish)

File No.

23567

Registered No.

122

St.

Ward)

2. FULL NAME

Harry Wilburn Blackheitz

(a) Residence, No.

342 S. Spanish

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

L

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 6 - 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lalcomb

Mo

MOTHER FATHER

13. NAME

Harry Blackheitz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Allendale

Mo

15. MAIDEN NAME

Lillian Laman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Charleston

Mo

17. INFORMANT (ADDRESS)

Harry Blackheitz

18. BURIAL, CREMATION, OR REMOVAL

Fairview Cemetery DATE July 15 - 1934

19. UNDERTAKER (ADDRESS)

Laman Funeral Home

20. FILED

7-14-34 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 14

1934

22. I HEREBY CERTIFY That I attended deceased from

July 3, 1934, to July 14, 1934

Last saw him alive on July 14, 1934. Death is said

to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Unimpaired
 Whites
 119 lbs
 167 lbs

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

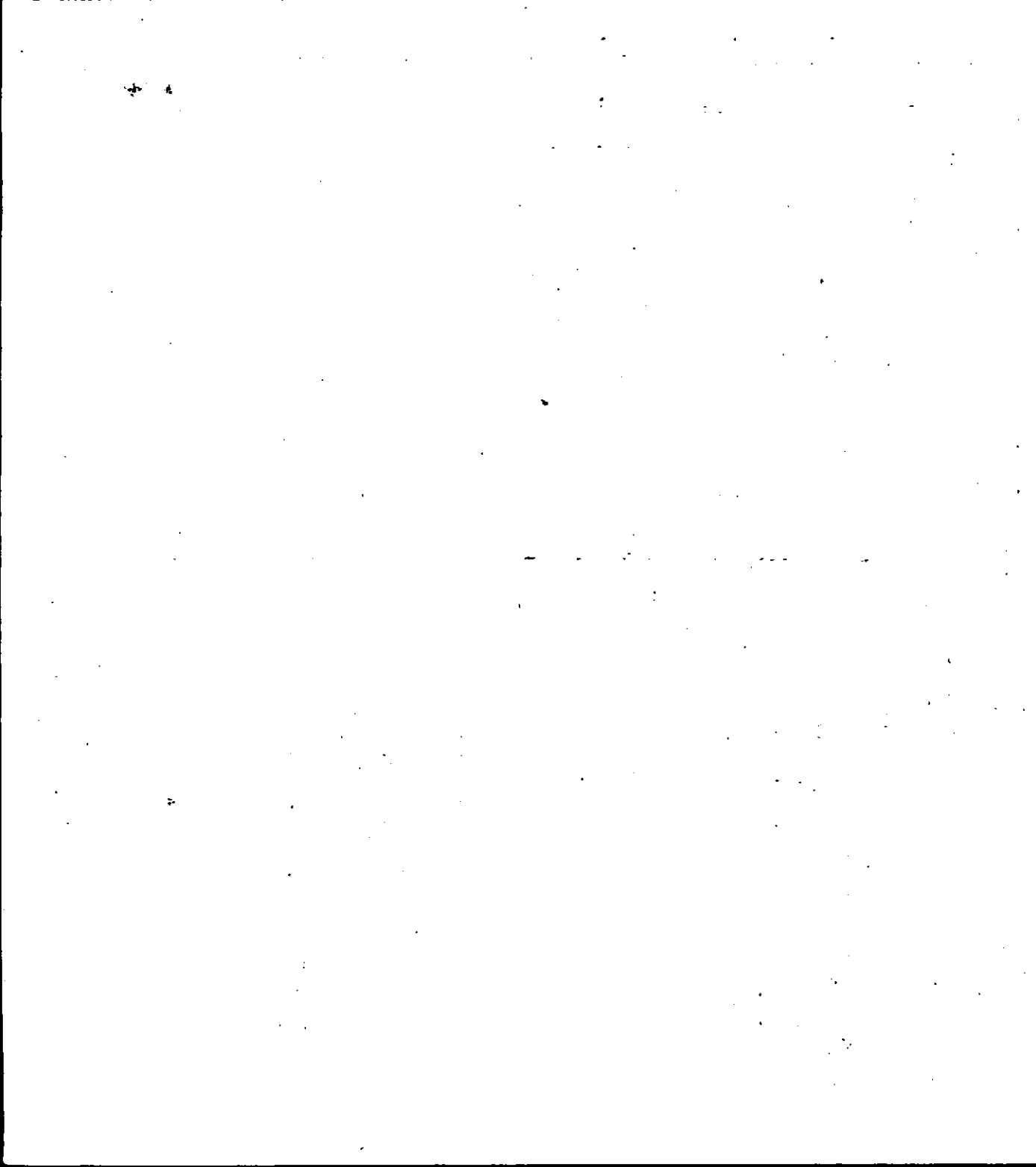
(Signed)

J. M. Thompson

M. D.

(Address)

Cape Girardeau Mo



#2
Cape Girardeau

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

122

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Harry Wilburn Gluckhert
Who died at _____ on July - 14 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 1 Months 6 Days 8

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Pneumonia (yes) Broncho
Colitis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Wm. Thompson Date filed 9/10/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 125

Primary Reg. Dist. No. 3009

E. T. McGaugh, M.D.
Special Agent.

S-23567